

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/216519

FILING DATE

12-18-98

APPLICANT(S)

Herr et al

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10			1				60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20			1				70						
21			1				71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27			1				77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				3			83						
34				3			84						
35			1				85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40			1				90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45			1				95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50							100						
TOTAL IND.			8				TOTAL IND.						
TOTAL DEP.				15			TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						